

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

|  |   |                             |  |   |  |
|--|---|-----------------------------|--|---|--|
| <b>NAME OF FILER</b><br>Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action |   |                             | <b>Date of This Filing</b> <u>10/12/2018</u>                 | Date Stamp<br><br><br><br><br><br><br>Page 1 of 3 | <div style="background-color: black; color: white; padding: 5px; display: inline-block;"> <b>CALIFORNIA FORM 497</b> </div><br>For Official Use Only |
| <b>AREA CODE/PHONE NUMBER</b><br>(310)576-1233   | <b>I.D. NUMBER</b> (if applicable)<br>1399958 | <b>Report No.</b> <u>34</u> |  |   |  |
| <b>STREET ADDRESS</b><br><br>  |   |                             |  |   |  |
| <b>CITY</b><br>Los Angeles   | <b>STATE</b><br>CA                            | <b>ZIP CODE</b><br>90024    | <b>Amendment to Report No.</b> <u>001</u><br>(explain below) |   |  |
|  |   |                             | <b>No. of Pages</b> <u>3</u>                                 |   |  |

## Late Contribution(s) Received

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)     | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL<br>ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
|---------------|--|---|---|-----------------|
| 10/03/2018    | California Democratic Party<br>Sacramento, CA 95811<br><br>ID# 741666 Memo Reference: NON:S497:1216  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input checked="" type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | \$13,608.78     |
| 10/04/2018    | AIDS Healthcare Foundation<br>Los Angeles, CA 90028<br><br>ID# 1281664 Memo Reference: NON:S497:1218 | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | \$7,787.08      |
| 10/04/2018    | AIDS Healthcare Foundation<br>Los Angeles, CA 90028<br><br>ID# 1281664 Memo Reference: NON:S497:1226 | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | \$2,850.00      |

### \*Contributor Codes

|   |                                   |
|---|-----------------------------------|
| IND - Individual                                  | PTY - Political Party             |
| COM - Recipient Committee (other than PTY or SCC) | SCC - Small Contributor Committee |
| OTH - Other                                       |                                   |

### Reason for Amendment:

Amended to remove an item inadvertently disclosed as an in-kind contribution.

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| <b>AREA CODE/PHONE NUMBER</b><br>(310)576-1233   |  | <b>I.D. NUMBER (if applicable)</b><br>1399958 |   |             |                            |
| <b>STREET ADDRESS</b>  |  |   | <b>Report No.</b> 34  | Page 2 of 3 | For Official Use Only      |
| <b>CITY</b><br>Los Angeles   |  |   | <input checked="" type="checkbox"/> <b>Amendment to Report No.</b> 001<br>(explain below) |             |                            |
| <b>STATE</b><br>CA   |  |   | <b>No. of Pages</b> 3   |             |                            |
| <b>ZIP CODE</b><br>90024   |  |   |   |             |                            |

## Late Contribution(s) Made

| DATE MADE | FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CANDIDATE AND OFFICE OR<br>MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION<br>(IF APPLICABLE) |
|-----------|--|---|------------------------|-------------------------------------|
|           |  |   |                        |                                     |
|           |  |   |                        |                                     |
|           |  |   |                        |                                     |
|           |  |   |                        |                                     |
|           |  |   |                        |                                     |

Reason for Amendment:  
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Memo Reference: NON:S497:1226  
in-kind contribution

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Memo Reference: NON:S497:1218  
in-kind contribution

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Memo Reference: NON:S497:1216  
in-kind contribution

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